

**AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION
BY THE DEPARTMENT FOR EMPLOYEE INSURANCE**

I, (1) Jane Doe 999 - 99 - 9999 and 01 / 01 / 2004
(Print Name of Employee) (Social Security Number) (Date of Birth)

authorize the Department for Employee Insurance to provide the following specific information:

(2) About my health coverage and flexible spending accounts.

to: (3) John Doe my (4) Spouse
(Name of Authorized Person to receive information) (Authorized person and/or relationship to Employee)

whose mailing address is: (5) 111 Nothing Dr. Frankfort KY 40601 (502)555-5555
Mailing Address City State Zip code Telephone

The information will be used to: (6) Obtain information about my health plan.

Password or phrase to verify identity of the authorized person receiving information, in the event the disclosure is by phone: (7) Dog
(i.e. Smith, or Disneyworld, or Frizzel)

Hint for password or phrase: (8) Favorite Pet
(i.e. Mother's maiden name, or Favorite vacation destination, or Pet's name)

- I understand that:
- a. The information disclosed will pertain to eligibility; enrollment; disenrollment and qualifying events.
 - b. All issues concerning payment of claims and benefits covered need to be directed to the carriers, not the Department for Employee Insurance. Any information that is requested from the carrier may require an additional authorization form to be completed with that carrier.
 - c. I can revoke this authorization before it ends, except for information already disclosed, by writing to or by calling:
Department for Employee Insurance
200 Fair Oaks Lane, Suite 502
Frankfort, KY 40601
(502) 564-0358
 - d. There may be a reasonable, cost based fee charged by the Department for Employee Insurance to process the requested information.
Postage (as necessary) shall be charged.
 - f. ** The information released under this authorization may be subject to re-disclosure by the authorized person (10) below and the re-disclosure **may not** be protected under federal/state regulations.

This authorization is good until (9) 2005 or Revoked by me
Plan Year Event

(10) Jane Doe 10 / 01 / 2004
(Signature of Employee) ** Date

(11) 111 Nothing Dr. Frankfort KY 40601
Mailing Address City State Zip code

For Official Use Only

UserID

Date